

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF

William J. Webb Jr.

COURT CASE NUMBER

07-31-GMS

DEFENDANT

First Collection Medical, ET. AL.

TYPE OF PROCESS

1983 Civil Suit

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Dr. Ali

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

1181 Paddock Road Smyrna, DE 19977

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

William J. Webb Jr. # 25605L
D/E FITT 1181 Paddock Road
Smyrna, DE 19977

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

1

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Bo Scanned 2007 MAY 14 AM

Fold

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Correctional Medical Services
1201 College Park Drive
Suite 101
Dover, DE 19904

Signature of Attorney or other Originator requesting service on behalf of:

Will J. Webb Jr.

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

N/A

DATE

5/10/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve
No. _____

Signature of Authorized USMS Deputy or Clerk

Date

BF

5-18-07

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time _____

5/18/07

pm

Signature of U.S. Marshal or Deputy

BP

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

No longer @ OCC

Ret. Unexecuted